BID RESULTS								
AB2015-13 NURSING SERVICES FOR THE COUNTY OF MERCER FOR A PERIOD OF TWO YEARS MARCH 31, 2015								
NUMBER OF BIDDERS	8			SUBMITTED TWO PRICING SCHEDULES, CAN NOT ACCEPT TWO				
NAME OF BIDDER	ALL AMERICAN HEALTHCARE SERVICES INC.	FIRSTAT NURSING SERVICES	GENERAL HEALTHCARE RESOURCES INC.	THE EXECU-SEARCH GROUP	ADVANCED MEDICAL STAFFING (PROMED)			
ADDRESS	100 LAKEVIEW AVENUE, SUITE 1 A	20 TEXAS AVENUE	261 CONNECTICUT DRIVE, SUITE 5	675 THIRD AVENUE, 5TH FLOOR	16 WEST 36TH STREET			
CITY, STATE, ZIP	JAMESBURG, NJ 08831	LAWRENCEVILLE, NJ 08648	BURLINGTON, NJ 08016	NEW YORK, NY 10017	NEW YORK, NY 10018			
CONTACT	SCOTT BERMAN	SATISH JUNEJA	TANIA FORNELOS	AMANDA BLEAKNEY	MARIAK BINGEMAN			
TELEPHONE	609 581 6622	609 530 1899	610-684-4598	212 204 5164	212 719 9600			
FAX	866 629 2242	609 530 9800	610-684-4567	646 763 8425	646 219 2440			
E-MAIL	CORPORATE@AAHCS.ORG	INFO@FIRSTATNURSE.COM	TFORNELOS@GHRESORCES.COM	ABLEAKNEY@EXECU-SEARCH.COM	MBING@PROMEDSR.COM			
LICENSE NO. HEALTH CARE SERVICE FIRM	HP0042500 EXP 6/30/15	ACTIVE PER CONSUMER AFFAIRS HP0211400	HP0039100 EXPIRES 6/30/15	HP0131000 EXPIRES 6/30/15	HP0143700 EXPIRES 6/30/2015			
INDEMNIFICATION CLAUSE	SIGNED	SIGNED	SIGNED	SIGNED	SIGNED			
INSURANCE REQUIRED FROM AWARDED VENDOR	INCLUDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED			
NEW JERSEY BUSINESS REGISTRATION	OK	CARNEGIE HEALTHCARE CORP T/A FIRSTAT NURSING SERVICES	OK	REQUIRED IF AWARDED	REQUIRED IF AWARDED			
STOCKHOLDER DISCLOSURE	OK	OK	OK	OK	OK			
CONTINUITY OF OPERATIONS	WILL PROVIDE	WILL PROVIDE	WILL PROVIDE	PLAN ATTACHED	WILL PROVIDE			
HOLD PRICING BEYOND 60 DAYS	YES	YES	YES	YES	YES			
REFERENCES	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED			
EXHIBIT A	INCLUDED	OK	OK	OK	OK			
EIC	35927 EXPIRES 9/15/18	29111 EXPIRES 9/15/15	28752 EXPIRES 7/15/15	REQUIRED IF AWARDED	REQUIRED IF AWARDED			
IRAN CERTIFICATION	SIGNED	SIGNED	SIGNED	SIGNED	SIGNED			
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED	32.90	36.20	38.95	39.49	44.00			
TOTAL FOR 2600 HOURS ANNUALLY	85,540.00	94,120.00	101,270.00	102,674.00	114,400.00			
LPN CORRECTION CENTER IF REQUIRED	26.90	28.20	28.00	29.49	29.00			
TOTAL FOR 5100 HOURS ANNUALLY	137,190.00	143,820.00	142,800.00	150,399.00	147,900.00			
TOTAL COST YEAR ONE	222,730.00	237,940.00	244,070.00	253,073.00	262,300.00			
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED	32.90	36.20	38.95	39.49	44.00			
TOTAL FOR 2600 HOURS ANNUALLY	85,540.00	94,120.00	101,270.00	102,674.00	114,400.00			
LPN CORRECTION CENTER IF REQUIRED	26.90	28.20	28.00	29.49	29.00			
TOTAL FOR 5100 HOURS ANNUALLY	137,190.00	143,820.00	142,800.00	150,399.00	147,900.00			
TOTAL COST ANNUALLY	222,730.00	237,940.00	244,070.00	253,073.00	262,300.00			
TOTAL COST YEAR TWO	445,460.00	475,880.00	488,140.00	506,146.00	524,600.00			
EXCEPTIONS	NONE	NONE	NONE	SUBMITTED TWO PRICING SCHEDULES	NONE			
FATAL FLAW	NO	NO	NO	NO	NO			

		BID RESULTS						
AB2015-13 NURSING SERVICES FOR THE COUNTY OF MERCER FOR A PERIOD OF TWO YEARS MARCH 31, 2015								
ADDRESS	2151 LINGLESTOWN RD., SUITE 180	25 SOUTH WHITE HORSE PIKE	24 COUNTY ROAD, 2ND FLOOR	3940 LOCUST LANE				
CITY, STATE, ZIP	HARRISBURG, PA 17110	AUDUBON, NJ 08106	TENAFLY, NJ 07670	HARRISBURG, PA 17109				
CONTACT	GREESJ,A JOSHI	JEFF SINGER	Sasheena Jones	NO BID				
TELEPHONE	717 540 6894	856 795 4442	201 568 3781					
FAX	717 540 8502	856 795 4902	201 568 3771					
E-MAIL	GJOSHI@GLOBALHEALTHCAREGROUP.COM.	JSINGER@ATCHEALTHCARE.COM	WECARE@SAMARITANSERVICES.COM					
LICENSE NO. HEALTH CARE SERVICE FIRM	NOT LICENSED, INDIVIDUAL NURSES ARE LICENSED	HP0236100 EXPIRES 6/30/2015	HP0068300 6/30/2015 CONFIRMED					
INDEMNIFICATION	DID NOT INCLUDE	SIGNED	SIGNED					
INSURANCE REQUIRED FROM AWARDED VENDOR	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED					
NEW JERSEY BUSINESS REGISTRATION	OK	OK	OK					
STOCKHOLDER DISCLOSURE	DID NOT STATE OWNERSHIP	OK	OK					
EMERGENCY SERVICE	WILL PROVIDE	WILL PROVIDE	WILL PROVIDE					
HOLD PRICING BEYOND 60 DAYS	YES	YES	YES					
REFERENCES	PROVIDED	PROVIDED	PROVIDED					
EXHIBIT A	REQUIRED IF AWARDED	REQUIRED IF AWARDED	OK					
EIC	REQUIRED IF AWARDED	REQUIRED IF AWARDED	51731 EXPIRES 10/15/2020					
IRAN CERTIFICATION	YES	YES	YES					
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED	50.15	51.00	60.00					
TOTAL FOR 2600 HOURS ANNUALLY	130,390.00	132,600.00	156,000.00					
LPN CORRECTION CENTER IF REQUIRED	35.75	39.00	45.00					
TOTAL FOR 5100 HOURS ANNUALLY	182,325.00	198,900.00	229,500.00					
TOTAL COST YEAR ONE	312,715.00	331,500.00	385,500.00					
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED	50.55	51.77	60.00					
TOTAL FOR 2600 HOURS ANNUALLY	131,430.00	134,602.00	156,000.00					
LPN CORRECTION CENTER IF REQUIRED	36.15	39.59	45.00					
TOTAL FOR 5100 HOURS ANNUALLY	184,365.00	201,909.00	229,500.00					
TOTAL COST ANNUALLY	315,795.00	336,511.00	385,500.00					
TOTAL COST YEAR TWO	628,510.00	668,011.00	771,000.00					
EXCEPTIONS	NONE REFERENCED	NOT REFERENCED	NONE					
FATAL FLAW	NOT LICENSED AS A HEALTHCARE FIRM	ON	NO					

BID RESULTS

AB2015-06 HUNT HOUSE BARN AND REED BRYAN BARN IMPROVEMENTS

MARCH 31, 2015 AND POSTPONED UNTIL APRIL 8, 2015 DUE TO ISSUANCE OF ADDENDA